

**EXHIBIT B**  
**SEXUAL ABUSE CLAIM FORM**

**UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF MARYLAND**

In re:

ROMAN CATHOLIC ARCHBISHOP OF  
BALTIMORE,

Debtor.<sup>1</sup>

Chapter 11

Case No. 23-16969-MMH

**SEXUAL ABUSE CLAIM FORM**

**IMPORTANT:**  
**THIS FORM MUST BE RECEIVED BY NO LATER THAN**  
**[REDACTED], 2023**

Carefully read the instructions included with this Sexual Abuse Claim Form and complete ALL applicable questions. Please print clearly and use blue or black ink. Please send the original to the Debtor's claims and noticing agent at the following address:

<i>If by First Class Mail:</i>	<i>If by Hand Delivery or Overnight Mail:</i>
Roman Catholic Archbishop of Baltimore, Claims Processing Center c/o Epiq Corporate Restructuring, LLC P.O. Box 4420 Beaverton, OR 97076-4420	Roman Catholic Archbishop of Baltimore, Claims Processing Center c/o Epiq Corporate Restructuring, LLC 10300 SW Allen Blvd. Beaverton, OR 97005

**THIS PROOF OF CLAIM IS FOR CLAIMANTS OF SEXUAL ABUSE ONLY.  
YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER.**

A sexual abuse claim includes, but is not limited to, any claim (as defined in section 101(5) of the Bankruptcy Code) resulting or arising in whole or in part, directly or indirectly from any actual or alleged sexual offense as laid out in Subtitle 3 of Title 3 of the Maryland Statutes as well as any sexual conduct or misconduct, sexual abuse or molestation, indecent assault and/or battery, rape, pedophilia, ephebophilia, or sexually-related physical, sexually-related psychological, or sexually-related emotional harm, or contacts, or interactions of a sexual nature between a child and an adult, or a nonconsenting adult and another adult, sexual assault, sexual battery, sexual psychological or emotional abuse, humiliation, or intimidation, or any other conduct constituting a sexual offense, incest, or use of a child in a sexual performance, and seeking monetary damages or any other relief, under any theory of liability, including vicarious liability, any negligence-based theory, contribution, indemnity, or any other theory based on any acts or failures to act by the

---

<sup>1</sup> The last four digits of the Debtor's federal tax identification number are 1535. The Debtor's principal place of business is located at 320 Cathedral Street, Baltimore, Maryland 21201.

Roman Catholic Archbishop of Baltimore, also known as the Roman Catholic Archdiocese of Baltimore (the “**Debtor**”), or any other person or entity for whose acts or failure to act the Debtor is or was allegedly responsible, including but not limited to, claims against clergy, deacons, seminarians, employees, teachers, volunteers, parishes, schools, or other entities related to the Debtor.

**TO BE VALID, THIS PROOF OF CLAIM MUST: (A) BE WRITTEN IN ENGLISH OR INCLUDE A TRANSLATION IF RESPONSES ARE IN A LANGUAGE OTHER THAN ENGLISH; (B) PROVIDE RESPONSES THAT ARE COMPLETE AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE; AND (C) BE SIGNED BY THE SEXUAL ABUSE CLAIMANT, EXCEPT IF THAT IF THE SEXUAL ABUSE CLAIMANT IS A MINOR, INCAPACITATED, OR DECEASED, THIS SEXUAL ABUSE PROOF OF CLAIM MAY BE SIGNED BY THE SEXUAL ABUSE CLAIMANT’S PARENT, LEGAL GUARDIAN, OR EXECUTOR, AS APPLICABLE. IF THE SEXUAL ABUSE CLAIMANT DIES AFTER THE SUBMISSION OF THIS FORM, BUT BEFORE THE CLAIM IS RESOLVED, NOTIFICATION OF THE DEATH MUST BE PROVIDED AT THE ADDRESS LISTED ABOVE.**

The penalty for presenting a fraudulent claim: fine of up to \$250,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152, 3571.

UNLESS YOU INDICATE OTHERWISE IN PART I BELOW, YOUR IDENTITY WILL BE KEPT STRICTLY CONFIDENTIAL, UNDER SEAL, AND OUTSIDE THE PUBLIC RECORD. HOWEVER, INFORMATION IN THIS CLAIM WILL BE PROVIDED, PURSUANT TO COURT-APPROVED CONFIDENTIALITY GUIDELINES, TO COUNSEL FOR THE COMMITTEE AND OTHER COURT-APPROVED THIRD PARTIES IN ORDER TO EVALUATE THE CLAIM.

YOUR PROOF OF CLAIM MAY BE DISPUTED OR HONORED IN WHOLE OR IN PART. THE DEBTOR RESERVES THE RIGHT TO OBJECT OR TO ASSERT OFFSETS OR DEFENSES AGAINST ANY FILED PROOF OF CLAIM.

#### **PART I: CONFIDENTIALITY**

THIS SEXUAL ABUSE CLAIM FORM (ALONG WITH ANY ACCOMPANYING EXHIBITS AND ATTACHMENTS) WILL BE MAINTAINED AS CONFIDENTIAL UNLESS YOU EXPRESSLY REQUEST THAT IT BE PUBLICLY AVAILABLE BY CHECKING THE BOX AND SIGNING BELOW. NOTWITHSTANDING THE FOREGOING, AS REQUIRED BY THE MARYLAND FAMILY LAW CODE ANN. §§ 5-701 *ET SEQ.*, AND THE DEBTOR’S CHILD AND YOUTH PROTECTION POLICIES, ANY SEXUAL ABUSE CLAIM FORM RECEIVED BY THE DEBTOR INVOLVING A CLAIM OF CHILDHOOD SEXUAL ABUSE WILL BE REPORTED BY THE DEBTOR TO APPROPRIATE LAW ENFORCEMENT AND CIVIL AUTHORITIES AND THE DEBTOR’S OFFICE OF CHILD AND YOUTH PROTECTION, AND MAY BE USED FOR INVESTIGATION PURPOSES, AS SEXUAL ABUSE CLAIMS ARE RECEIVED BY THE DEBTOR.

I want my Proof of Claim (along with any accompanying exhibits and attachments) to be kept confidential.

I want my Proof of Claim (along with any accompanying exhibits and attachments) to be made public.

Please verify this election by signing directly below:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

### **PART II: IDENTIFYING INFORMATION**

#### **A. Sexual Abuse Claimant**

First Name	M.I.	Last Name	Suffix
------------	------	-----------	--------

Mailing Address (if party is incapacitated, is a minor, or is deceased, please provide the address of the individual submitting the claim; if you are in jail or prison, your current address):

Street Number	Street Name
---------------	-------------

City	State/Prov.	Zip Code (Postal Code)	Country
------	-------------	------------------------	---------

Telephone Number:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

If you are in jail or prison, your identification number: \_\_\_\_\_

May we leave voicemails for you regarding your claim:  Yes  No

May we send confidential information to your email:  Yes  No

Birth Date: \_\_\_\_\_  Male  Female  
 Month Day Year

Last four digits of your Social Security Number: XXX-XX-\_\_\_\_\_

Any other name(s) or alias(es) by which the you have been known:

**B. Attorney Information (if applicable)**

---

Law Firm Name

---

Attorney's First Name

Middle Initial

Last Name

---

Street Address

---

City

State/Prov.

Zip Code (Postal Code)

County

---

Telephone No.

Fax No.

Email Address

**PART 3: BACKGROUND INFORMATION**

1. Are you currently married?

Yes  No (if "Yes", please identify the name of your spouse and marriage date)

---

---

---

2. Have you been previously married?

Yes  No (if "Yes", please identify the name of your former spouse and, as applicable, the date(s) of any dissolution, divorce, separation, or widowhood)

---

---

---

3. Do you have children?

Yes  No (if "Yes", please identify their names and birthdates. If any children have died, please provide their date of death.)

---

---

---

4. What schools have you attended? For each school, please identify the months and years of your attendance. If you cannot recall the exact months when you began or ended each school year, please identify the season (fall, winter, spring, summer).
- 
- 
- 

5. Have you received a diploma or degree from any of the schools listed above?

Yes  No (if “Yes”, please identify each diploma or degree that you received and the year you received it)

---

---

---

6. Have you served in the armed forces?

Yes  No (if “Yes”, please identify the branch of service, the dates you served, and, if you have been discharged, the type of discharge you received)

---

---

---

7. Are you currently employed?

Yes  No (if “Yes”, please identify the name of the organization where you are employed, the date of your employment began, and your job title)

---

---

---

8. What is your employment history? Please provide the following information about each place you have previously been employed: (i) the name of the organization where you were employed; (ii) the dates of employment; (iii) your job title(s); and (iv) your reason for leaving the place of employment.
- 
- 
- 

9. Have you been self-employed?

Yes  No (if “Yes”, please provide your job responsibilities, any business name you used, and the dates of this business)

---

---

---

10. Are you retired?

Yes  No (if "Yes", please identify when you retired)

---

---

---

11. Part 4 below will ask you about the nature of your complaint against the Debtor. Other than the incident(s) of sexual abuse described in Part 4, have you ever been sexually abused by anyone else? If "Yes", please describe this abuse, including the date(s) of the abuse, and identify the abuser (if not by name then by relationship to abuser).

---

---

---

**PART 4: NATURE OF ABUSE**

(Attach additional separate sheets if necessary)

**NOTE: IF YOU HAVE PREVIOUSLY FILED A LAWSUIT AGAINST THE DEBTOR IN STATE OR FEDERAL COURT, YOU MAY ATTACH THE COMPLAINT. IF YOU DID NOT FILE A LAWSUIT OR IF THE COMPLAINT DOES NOT CONTAIN ALL OF THE INFORMATION REQUESTED BELOW, YOU MUST PROVIDE THE INFORMATION BELOW.**

1. Who committed each act of sexual abuse?

---

---

---

2. What is the position, title, or relationship to you of the individual who committed these acts?

---

---

---

3. Where did the sexual abuse take place? Please be specific and detail all relevant information that you know, including the City and State, name of the parish or school (if applicable), and/or the names of any other location.

---

---

---

4. When did the sexual abuse take place?

- a. Please be as specific as possible. If you can, please indicate the day, month, and year. If you cannot recall the month, please try to recall the season (winter, spring, summer, or fall).

---

---

---

- b. If you were sexually abused on more than one occasion, please state when the abuse started, when it stopped, and how many times it occurred.

---

---

---

- c. Please also state your age(s) and your grade(s) in school (if applicable) at the time the abuse took place.

---

---

---

5. Please describe in as much detail as possible the nature of the sexual abuse. What happened?

---

---

---

---

---

---

6. Did you tell anyone about the sexual abuse (this would include parents, relatives, friends, anybody affiliated with the Debtor, attorneys, counselors, law enforcement authorities)?

- a. If "Yes", who did you tell? Please list the name(s) and any contact information you have.

---

---

---

- b. What did you say?

---

---

---

c. When did you tell this person or persons about the abuse?

---

---

d. If you know, what did the person or persons do in response?

---

---

7. Were there any witnesses to the sexual abuse described in question (5)? If so, please list their name(s) and any contact information you have, including addresses.

---

---

8. Do you personally know or have reason to believe that the Debtor knew that your abuser was abusing you or others before or during the period when such abuse occurred? If "Yes", please provide all information that supports your conclusion, including the information requested in items 8(a) through 8(e) below.

---

---

a. Who at the Debtor knew that your abuser was abusing you or others?

---

---

b. How did such person or persons at the Debtor learn this information?

---

---

c. When did such person or persons at the Debtor learn this information?

---

---

d. What exactly was the person or persons from the Debtor told or what exactly did they observe?

---

---

- e. How did you come to have the information you provided in response to the questions above?
- 
- 

**PART 5: IMPACT OF ABUSE**  
**(Attach additional separate sheets if necessary)**

1. What damages have occurred to you because of the act(s) of sexual abuse that resulted in the claim (e.g., any effect, on your education, employment, personal relationships, or mental and/or physical health)?
- 
- 
- 

2. Have you sought counseling or other treatment for any of the above damages? If “Yes”, with whom and when?
- 
- 
- 

**PART 6: ADDITIONAL INFORMATION**

1. Prior Non-Bankruptcy Claims: Have you previously filed any lawsuit seeking damages for the sexual abuse described in this claim?

Yes  No (if “Yes”, please answer the questions below)

- a. Where and when did you file the lawsuit?

---

---

---

- b. Who were the parties to the lawsuit and what was the case number?

---

---

---

- c. What was the result of that lawsuit?

---

---

---

2. Prior Bankruptcy Claim: Have you filed any claims in any other bankruptcy case relating to the sexual abuse described in this claim?

Yes  No (if "Yes", you are required to attach a copy of any completed claim form)

---

---

---

3. Any Settlements: Regardless of whether a complaint was ever filed against any party because of the sexual abuse, have you settled any claim or demand relating to the sexual abuse described in this claim?

Yes  No (if "Yes," please describe, including parties to, the settlement and you are required to attach a copy of any settlement agreement)

---

---

---

4. Bankruptcy: Have you ever filed bankruptcy?

Yes  No (if "Yes," please provide the following information)

Name of Case: \_\_\_\_\_

Court: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Case No: \_\_\_\_\_

Chapter:  7  11  12  13 Name of Trustee: \_\_\_\_\_

Date: \_\_\_\_\_

**Sign and print your name. If you are signing the claim on behalf of another person or an estate, print your title.**

**Under penalty of perjury, I declare the forgoing statements to be true and correct:**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_